Psychiatric consultations:

no. 2

A series of informal and informative taped sessions in which the *General Practitioner* discusses with leading psychiatrists the problems he encounters with patients in routine office practice.

Recognizing and Solving Problems in Doctor-Patient Relationships

Part II

The General Practitioner:
Carroll L. Witten, M.D.
Louisville, Ky.—Speaker, Congress of Delegates, American Academy of General Practice.

The Psychiatrists:
Daniel Blain, M.D., President of the American Psychiatric Association; Dana L. Farnsworth, M.D., Program Chairman, A.M.A. Congress on Community Mental Health Services and Resources; and Howard P. Rome, M.D., Head of Psychiatry at the Mayo Clinic, President-elect of the American Psychiatric Association.

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A Roche Record Report

Dr. Carroll L. Witten
General practitioner of Louisville, Kentucky, Speaker of the Congress of Delegates of the American Academy of General Practice, and Instructor in Medicine at the University of Louisville School of Medicine…

What can be done with a patient who is obviously depressed or anxious but will not discuss what's bothering him?

Dr. Daniel Blain
President of the American Psychiatric Association, former Commissioner of Mental Hygiene in California, and now Director, Psychiatric Planning and Development, The Pennsylvania Hospital, Philadelphia…

"…remember the patient is very vulnerable to stress… needs support, and… perhaps, a stronger bond with the doctor before he can trust himself or dare to come out and tell him…. Give him a little advice about what to do between now and the next time he comes. Anything at all. You don't have to talk about the depression."

Dr. Howard P. Rome
President-elect of the American Psychiatric Association, Chief of Psychiatry at the Mayo Clinic and Chairman of that department in the Mayo Foundation Graduate School of the University of Minnesota…

"…many times in our impatience we shake, push, cajole, struggle, ruin a situation that is slowly maturing…people develop trust at varying periods of time, and as a consequence of this not everybody is able to trust instantaneously…we are just going to have to sit through and wait until the apple is ripe."

Dr. Dana L. Farnsworth
Director of the University Health Services and Henry K. Oliver Professor of Hygiene at Harvard University, as well as Chairman of the Program Committee of the American Medical Association Congress on Community Mental Health Services and Resources…

"It seems to me at times that we almost have a conspiracy of willful ignorance about the emotional role of our patients, and it is very interesting to try and bring this out…."

Highlights

Continuing the discussion on how the General Practitioner can recognize and solve the problems in doctor-patient relationships.

Q: (Dr. Witten) *How can the physician determine whether the condition is organic in origin or psychosomatic?*

A: (Dr. Farnsworth) "…the doctor should keep clearly in mind that all diseases are psychosomatic. Any ailment of any kind has an effect on the patient's emotions, and strong emotions have an effect on the physiological functioning of the individual."

Q: (Dr. Witten) *What is it that makes good doctor-patient relationships go sour?*

A: (Dr. Blain) "A great many things could happen…in the doctor…in the patient…in the nature of the disorder. It's very hard for a person to keep on working at it, particularly if he doesn't get encouragement and doesn't improve immediately, and his anxieties aren't taken care of, and if he expects too much of the doctor. The doctor himself may be the victim of tiredness or other things but in general it may well be that something in the patient begins to work on him."

Q: (Dr. Witten) *When the doctor finds he has to establish a relationship with a socially offensive patient, an alcoholic or homosexual, how can he solve the problem?*

A: (Dr. Blain) "…he could hold onto the patient provided he makes it clear…that this particular part of his problem…is something that someone else better handle, who is more competent in it…he does not have to send the patient away from his ordinary medical and surgical activities."

A: (Dr. Rome) "It seems to me that one's dealing with an entire body of situations, and as a consequence I don't see how you dissect one aspect of it from total care."

A: (Dr. Farnsworth) "I think the person who becomes upset because his patient is found to be alcoholic or homosexual would be very much like the internist who would throw the patient with a lung abscess out of his office because his breath is foul. It's the doctor's problem if he cannot take care of symptoms that are socially unacceptable, and he ought to look at himself. He doesn't have to approve a symptom in order to approve of the patient and his attempt to deal with the symptom."

Q: (Dr. Witten) *Is it sometimes impossible for so-called mentally healthy and normal individuals to establish a good doctor-patient relationship?*

A: (Dr. Blain) "…I think that that's a relative matter, about all of us being mentally healthy and normal, but I think there is room for some serious problems to occur between a doctor and his patient which perhaps can be better handled sometimes by another doctor."

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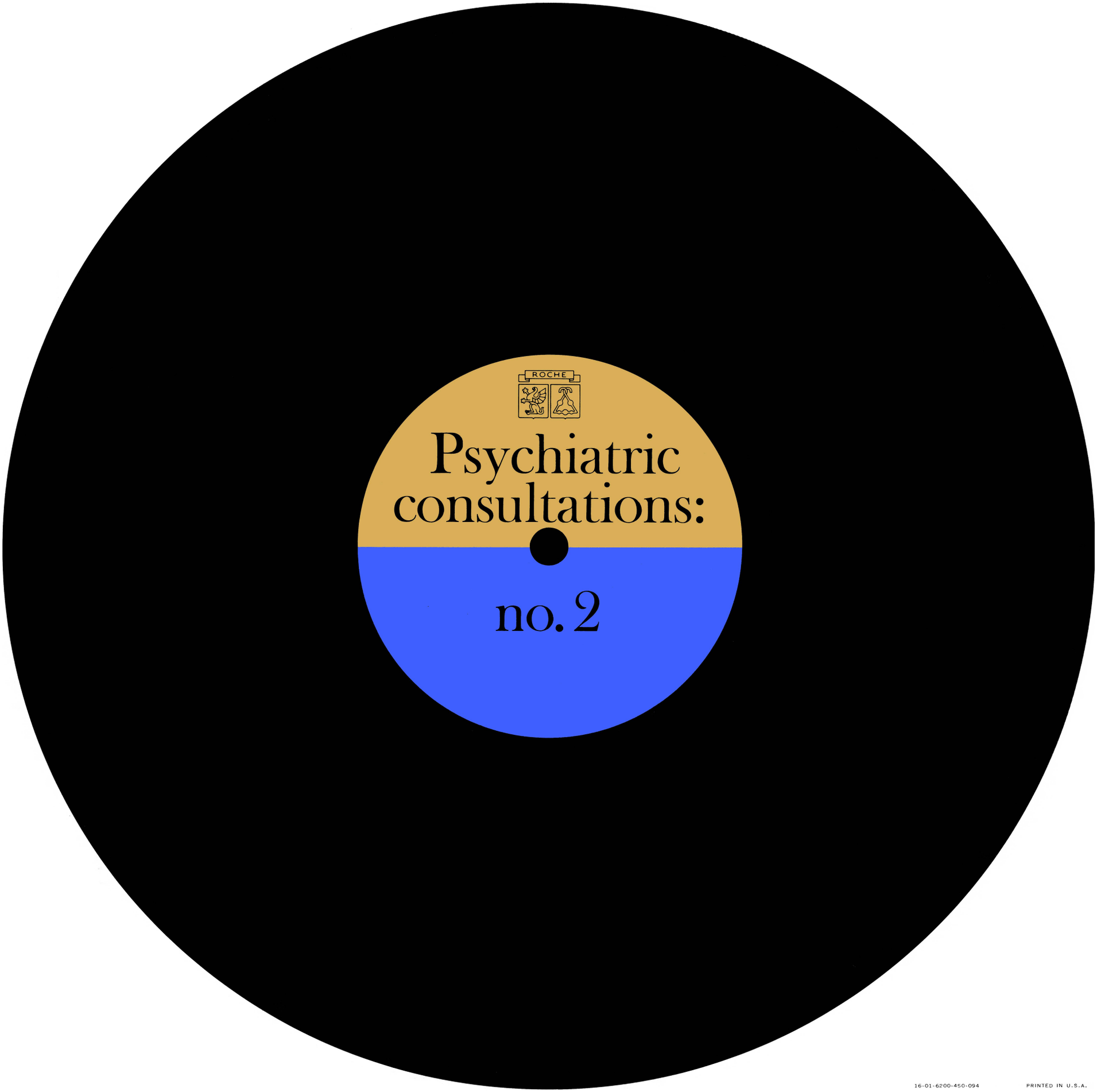
A: (Dr. Rome) "I would certainly agree …there is a great range of variation that falls within the category of normal, and I think that one has to allow for that in the same way that there is a difference in preference for foods.…This doesn't cast an invidious comparison.…It merely says that at the time under these circumstances, this is what I would rather have than something else."

Q: (Dr. Witten) *What about the special problems that arise when the doctor sees the patient socially?*

A: (Dr. Farnsworth) "If it were an insuperable problem, I wouldn't have a job. I work in educational institutions. All my patients are my friends. I don't see any disadvantage to having two sets of relationships with given individuals. It does mean I have to keep my mouth shut.…It also means that when I am in a social situation with a patient, I ignore the whole fact and so does he."

Q: (Dr. Witten) *Would courses in psychiatry help the practicing physician when treating patients with difficult emotional problems such as the neuroses or even some of the psychoses?*

A: (Dr. Farnsworth) "So much of psychiatry belongs in general medicine, possibly half, maybe three-fourths.… But didactic lectures, although they may be somewhat helpful or…preludes to learning, are not the answer. It has to be…real experience and participation and sharing of quandaries. In short, courses in which the practitioners are talking about their own patients, their own problems, with a person present who has experience in psychiatry.…The purpose of these courses is not to make amateur psychiatrists out of other practitioners of medicine, but to help them be better practitioners in whatever area of interest they happen to be."



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Side A

Recognizing and Solving Problems in Doctor-Patient Relationships

Part II

Psychiatric Consultations no. 2

A GP asks psychiatrists how best to meet emotional problems in general practice.

Questioner: Carroll L. Witten, M.D.
Panel: Daniel Blain, M.D.
Dana L. Farnsworth, M.D.
Howard P. Rome, M.D.

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Side B

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